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Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

2011

For calendar year 2011 or other tax year beginning 07/01/11, and ending 06/30/12. See separate instructions.

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

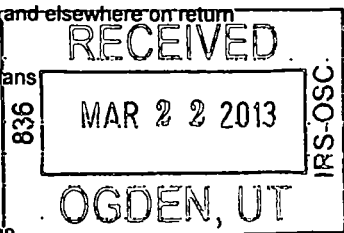
Header section containing: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year 173,766,702; D Employer identification number 58-0568702; E Unrelated business activity codes 621500 621500; F Group exemption number 0928; G Check organization type 501(c) corporation.

H Describe the organization's primary unrelated business activity. SEE STATEMENT 1. I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes.

J The books are in care of GREGORY J. SCHAAACK Telephone number 912-819-6162

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales; 2 Cost of goods sold; 5 Income (loss) from partnerships and S corporations; 12 Other income; 13 Total. Total income: 721,688.

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include: 14 Compensation of officers, directors, and trustees; 15 Salaries and wages; 16 Repairs and maintenance; 18 Interest; 21 Depreciation; 22 Less depreciation claimed; 25 Employee benefit programs; 28 Other deductions; 29 Total deductions; 30 Unrelated business taxable income before net operating loss deduction; 31 Net operating loss deduction; 32 Unrelated business taxable income before specific deduction; 33 Specific deduction; 34 Unrelated business taxable income.



SCANNED APR 02 2013

2 P

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here... 36 Trusts Taxable at Trust Rates. See instructions for tax computation... 37 Proxy tax. See instructions... 38 Alternative minimum tax... 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)... 41 Subtract line 40e from line 39... 42 Other taxes... 43 Total tax. Add lines 41 and 42... 44a Payments: A 2010 overpayment credited to 2011... 45 Total payments. Add lines 44a through 44g... 46 Estimated tax penalty (see instructions)... 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed... 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid... 49 Enter the amount of line 48 you want: Credited to 2012 estimated tax

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2011 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts... 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file... 3 Enter the amount of tax-exempt interest received or accrued during the tax year

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year... 2 Purchases... 3 Cost of labor... 4a Additional sec. 263A costs (attach sch)... 4b Other costs (attach schedule)... 5 Total. Add lines 1 through 4b... 6 Inventory at end of year... 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2... 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign Here [Signature] 3/11/13 CHIEF FINANCIAL OFFICER

Paid Preparer Use Only: Print/Type preparer's name JACQUELINE G. ATKINS, Date 2/25/13, Check self-employed, PTIN P00861721, Firm's name DRAFFIN & TUCKER, LLP, Firm's EIN 58-0914992, Firm's address PO BOX 71309 ALBANY, GA 31708-1309, Phone no 229-883-7878

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

**1. Description of property**

(1) N/A
(2)
(3)
(4)

**2. Rent received or accrued**

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
<b>Total</b>	<b>Total</b>	<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ▶

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶

**Schedule E – Unrelated Debt-Financed Income (see instructions)**

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1) N/A				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b>			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).

Total dividends-received deductions included in column 8 ▶

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)**

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross inc.	6. Deductions directly connected with income in column 5
(1) N/A					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected, 4. Set-asides, 5. Total deductions and set-asides. Includes rows (1) N/A, (2), (3), (4) and a Totals row.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Table with 7 columns: 1. Description of exploited activity, 2. Gross unrelated business income, 3. Expenses directly connected, 4. Net income (loss), 5. Gross income from activity, 6. Expenses attributable, 7. Excess exempt expenses. Includes rows (1) N/A, (2), (3), (4) and a Totals row.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss), 5. Circulation income, 6. Readership costs, 7. Excess readership costs. Includes rows (1) N/A, (2), (3), (4) and a Totals row.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss), 5. Circulation income, 6. Readership costs, 7. Excess readership costs. Includes rows (1) N/A, (2), (3), (4) and a Totals row.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percent of time devoted to business, 4. Compensation attributable to unrelated business. Includes rows (1) N/A, (2), (3), (4) and a Total row.

**Statement 1 - Form 990-T - Primary Unrelated Business Activity**Description

ST. JOSEPH'S HOSPITAL, INC. MAINTAINS A REFERENCE LAB,  
WHICH IS USED BY PHYSICIANS FOR PATIENTS THEY SEE IN  
THEIR OFFICES.

**Statement 2 - Form 990-T, Part I, Line 5 - Income (Loss) from Partnerships or S-Corps**

<u>Name of Partnership or S-Corp</u>	<u>Gross Income</u>	<u>Direct Deductions (Part. only)</u>	<u>Net Income</u>
PREMIER PURCHASING PARTNERS	\$ 13,307	\$	\$ 13,307
TOTAL	\$ 13,307	\$ 0	\$ 13,307

**Statement 3 - Form 990-T, Part I, Line 12 - Other Income**

<u>Description</u>	<u>Amount</u>
REFERENCE LAB	\$ 708,381
TOTAL	\$ 708,381

**Statement 4 - Form 990-T, Part II, Line 18 - Interest**

<u>Description</u>	<u>Amount</u>
INTEREST	\$ 2,471
TOTAL	\$ 2,471

**Statement 5 - Form 990-T, Part II, Line 28 - Other Deductions**

<u>Description</u>	<u>Amount</u>
MEDICAL PROFESSIONAL FEES	\$ 42,644
NON-MEDICAL PROFESSIONAL FEES	669
MATERIALS AND SUPPLIES	442,978
PURCHASED SERVICES	3
UTILITIES	3,596
RENTALS / LEASES	6,297
INSURANCE	3,732
BAD DEBTS	93,380
ALLOCATIONS	78,229
MISCELLANEOUS	322
TOTAL	\$ 671,850

**Form 990-T - General Footnote**

Description

SECTION 1561 - ALLOCATION OF TAX BENEFITS

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CONTROLLED GROUP MEMBERS

NAME	EIN
ST. JOSEPH'S/CANDLER HEALTH SYSTEM.....	58-2288758
ST. JOSEPH'S HOSPITAL, INC.....	58-0568702
CANDLER HOSPITAL, INC.....	58-0593388
CANCER CARE PAVILLION, INC.....	11-3705418
GEORGIA INFIRMARY, INC.....	58-0668614
SJC VENTURES, INC. AND SUBSIDIARIES*.....	58-2650129
SJC HOSPITAL MANAGEMENT SERVICES, INC.....	58-2378921
*SJC VENTURES, INC. IS THE PARENT AND FILES A CONSOLIDATED RETURN THAT INCLUDES SJC PROPERTIES, INC. (EIN 58-1583360), SJC MEDICAL GROUP, INC. (EIN 58-2011805), AND SJC HEALTH SERVICES (EIN 58-1701535) AS SUBSIDIARIES.	
APPORTIONMENT PLAN	

EIN	I-----IRC SECTION 11 BRACKETS-----I			AMT	SEC. 179
	\$50,000	\$25,000	\$9,925,000		
58-2288758	\$50,000	\$25,000	\$ -0-	\$ -0-	\$ -0-
58-0568702	\$ -0-	\$ -0-	\$ -0-	\$ -0-	\$ -0-
58-0593388	\$ -0-	\$ -0-	\$ -0-	\$ -0-	\$ -0-
11-3705418	\$ -0-	\$ -0-	\$ -0-	\$ -0-	\$ -0-
58-0668614	\$ -0-	\$ -0-	\$ -0-	\$ -0-	\$ -0-
58-2650129	\$ -0-	\$ -0-	\$9,925,000	\$40,000	\$100,000
58-2378921	\$ -0-	\$ -0-	\$ -0-	\$ -0-	\$ -0-

**Saint Joseph's Hospital, Inc.**  
**Federal Net Operating Loss Carryover**  
**FYE 06/30/2012**

<b>Year Generated</b>	<b>Year of Expiration</b>	<b>Amount Generated</b>	<b>Amount Utilized</b>	<b>Carryforward</b>
6/30/1999	6/30/2019		-	-
6/30/2000	6/30/2020		-	-
6/30/2001	6/30/2021		-	-
6/30/2002	6/30/2022		-	-
6/30/2003	6/30/2023		-	-
6/30/2004	6/30/2024		-	-
6/30/2005	6/30/2025	(12,456)	12,456	-
6/30/2006	6/30/2026	-	-	-
6/30/2007	6/30/2027	(24,242)	-	(24,242)
6/30/2008	6/30/2028	(36,742)	-	(36,742)
6/30/2009	6/30/2029	(180,349)	-	(180,349)
6/30/2010	6/30/2030	(50,420)	-	(50,420)
6/30/2011	6/30/2031	(66,650)	-	(66,650)
6/30/2012	6/30/2032	(123,337)	-	(123,337)
		<b>Total NOL Carryforward</b>		<b>(481,740)</b>